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ABSTRACT

As part of a series of reports designed to support the implementation of Proposition 10: The California Children and Families Act and to provide comprehensive and authoritative information on critical issues concerning young children and families in California, this report provides county-level commissioners and their staff with information about why child care quality is important and recommendations for how to improve it, focusing on structural remedies for improving child care quality. Following introductory comments regarding the state-level goals relating to child care and early education and defining child care services, the report reviews research about the positive effects of quality child care on child development and the kinds of efforts that have been found to improve child care quality. The report also provides information on the availability of quality child care in California and discusses improvement of quality through regulation, training, and accreditation. The report concludes with recommendations to improve the child care system in California, including improving provider compensation, improving training by strategic targeting, and improving the infrastructure through long-term, systematic improvements. The report's two appendices describe several child care initiatives in California and list useful program and organizational Web sites. (Contains 65 references.) (KB)

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Building Community Systems for Young Children

Building Community Systems for Young Children is a series of reports designed to support the implementation of Proposition 10: The California Children and Families Act. Each installment is written by a team of experts and provides comprehensive and authoritative information on critical issues concerning young children and families in California.

December 2000

Improving Child Care Quality: A Guide for Proposition 10 Commissions

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Improving Child Care Quality:
A Guide for Proposition 10 Commissions

I. Introduction

Child care is a general term for a child and family service that provides both educational experiences which foster the physical, social, emotional, and intellectual development of children, and opportunities for parents to work or attend school assured that their children are, at a minimum, supervised. These two purposes – educational and developmental experiences for children and economic opportunities for parents – are at times in conflict in social policy. This is most easily seen in policy debates over affordability and quality of child care. Quality child care is expensive, more than most parents can readily afford, and increasing the supply of quality child care is even more expensive. But child care provides children educational and developmental benefits only when quality is high.

In their Guidelines document, the California Children and Families Commission recommends that county commissions consider the following three goals relating to child care and early education:

1. Improve the quality of child care services the California children receive in order to promote optimal child development and school readiness, and family stability and economic independence.
    a. Training
    b. Compensation and retention of providers
    c. Technical support and community network for providers

2. Promote the accessibility of high-quality child care and early education services to all families who need them.

3. Assure affordable child care services to all families in the county who need them as well as adequate resources so that child care programs and providers can provide high-quality, reliable care.[1]

Given these three worthy goals and the conflict between quality and affordability described above, Proposition 10 county commissions will have to make some tradeoffs when selecting strategies to address the child care needs in their communities. To assist the county commissioners and their staff in making these difficult decisions, this report will provide commissioners with information about why child care quality is important and recommendations for how to improve it.

[1] California Children and Families Commission Guidelines, http://www.ccfc.ca.gov/policies.htm

How Is Child Care Defined?

Child care services can take several different forms:

- Care in the child's own home by a relative or other caregiver
- Care in someone else's home by a relative
- Care by a family child care provider
- Care in a child care center

The first two categories of care are known as informal care and are not unregulated by the State of California. The last two categories of care, known as formal care, are regulated by the State.

Comprehensive child care services can offer health and other social services to families either as the sole provider or in partnership with other child and family service programs. These comprehensive child care services can serve as a point of entry to other services, such as identifying children who need health or dental care, mental health services, or have disabilities, or providing referrals for parents who need health, mental health, or drug treatment services. Comprehensive child care services tend to be clustered within Head Start programs or subsidized Children's Centers and are almost nonexistent within family child care homes or privately operated child care centers. This means that only a tiny proportion of the child care programs in California can offer comprehensive services It is important to note that, with the exception of Head Start, no child care program in the State is funded at a sufficiently high level and/or staffed with professional or even para-professional personnel to make comprehensive services possible.

II. Research Review: Child Care Quality

Parents and researchers agree that good child care provides children with warm and positive relationships with child care providers, a safe and healthy environment, and opportunities for children to learn. While child care can take many forms, the markers of quality remain stable across these forms, except for informal or unregulated care which is generally lower in quality than regulated or formal care (Hofferth et al., 1998; Kontos et al., 1995).

Researchers have identified two dimensions of child care quality: process and structure. Process quality captures the day-to-day experiences of children in child care. The cornerstone of process quality is the relationship between the provider and children. Children whose child care providers give them ample verbal and cognitive stimulation and generous amounts of individualized attention perform better on a wide range of assessments of cognitive, language, and social development (Howes, 1999; Peisner-Feinberg et al., 1999). Stable providers are essential for development of these trusting and positive provider-child relationships. More-stable providers engage in more appropriate, attentive, and engaged interactions with the children in their care (Raikes, 1993; Whitebook et al., 1990). Children who do not have stability and consistency in regard to their providers are more aggressive, less skilled with peers, and have smaller vocabularies (Howes & Hamilton, 1993; Whitebook et al., 1990).

Structural dimensions of child care are features that predict warm, sensitive, and stimulating provider-child interactions (Phillipsen et al., 1997; NICHD Early Child Care Research Network, 1996). These features include compensation, education, and specialized training of child care providers and the number of children cared for by providers.

The focus of this report is on improving child care quality through structural remedies. There are two reasons for this focus. First, from a practical and policy point of view, the child care system in California as in other states, is dramatically underfunded and lacks an infrastructure (Lamb, 1998; Shonkoff & Phillips, 2000). Any remedies to improve process are by-and-large premature when provider compensation, education and training are so far from adequate, let alone optimal. Second, there is ample research evidence to support two propositions:

1) *Improving structural quality in child care improves process quality* (c.f. Howes et al., 1992; Phillipsen et al., 1997) when attention is paid to thresholds of quality. Research using threshold of quality compares providers' or children's behavior at different predetermined levels of a quality index, e.g. adult:child ratio or education level. For example, threshold research compares children's behavior in toddler classrooms with five or fewer children and one provider with children's behavior in toddler classrooms with more than five children and one provider.

2) *Carefully selected remedies to improve structural quality can be successful.* Such remedies may include regulation, training, accreditation, and funding.

The following section reviews the research about both the positive effects of quality child care on child development and the kinds of efforts that have been found to improve child care quality.

The Importance of Quality Child Care for Children's Physical, Mental, and Social Development

The positive effects of child care quality on virtually every facet of children's development is one of the most consistent findings in developmental science (Shonkoff & Phillips, 2000). The effects of child care quality on children's development are only about half as large as those associated with family environments (Shonkoff & Phillips, 2000), but emerge repeatedly in study after study and are consistent for children of every ethnicity and every language group. Some research suggests that high-quality care, especially center-based care, is particularly beneficial for low-income families (Burchinal et al., 1995; Caughy et al., 1994). All of the research that we report has controlled for parental effects. This means that researchers first accounted for family influences and then looked at the influences of child care beyond the contributions of the parents' education, income, and behavior. The findings are consistent across all forms of child care, but it is important to understand that the positive influences of child care on children's development are found only when the child care is of high quality. In the following section, the results of numerous studies examining the influence of child care quality on children's development are reported. Child care quality in all cases was measured by observations in the child care setting rather than reports of directors or providers. For information on the exact measurement tools used, the reader is referred to the scientific report noted in the references. In all studies the measures of quality included both structural and process elements.

Cooperation, compliance, and behavior problems

Children enrolled in high-quality child care are more likely than children enrolled in low- quality care as toddlers and preschoolers to cooperate and comply with their mothers and child care providers (Howes & Olenick, 1986; Field et al., 1988; NICHD Early Child Care Research Network, 1998; Phillips et al., 1987). When they enter school, children who were enrolled in high-quality child care as infants and toddlers are more likely than children enrolled in low-quality care to cooperate with teachers and, in the eyes of teachers and parents, to have fewer behavior problems. In the longest-studied children, these differences persist into adolescence (Andersson, 1989, 1992; Field, 1991; Howes, 1988, 1990; Howes et al., 1998).

Relations with peers

Children enrolled in high-quality child care compared to children enrolled in low quality care as toddlers and preschoolers are more socially competent with peers and less likely to be aggressive or withdrawn from peers as young children (Deater-Deckard et al., 1996; Harper & Huie, 1985; Holloway & Reichert-Erickson, 1989; Howes, 1990; Howes et al., 1994; Howes et al., 1992; Kontos et al., 1994; Lamb et al., 1988; NICHD Early Child Care Research Network, in press; Phillips et al., 1987) and as adolescents (Andersson, 1989, 1992; Howes, in press; Pianta & Nimetz, 1991).

Cognitive and language development

Enrollment in high-quality child care is associated with positive early learning skills, vocabulary, pre-reading skills, and pre-math skills (Andersson, 1989, 1992; Burchinal, et al., 1996; Helburn et al, 1995; Kontos et al., 1995; Howes & Rubenstein, 1985; Dunn, 1993; McCartney, 1984, Phillips et al., 1987). The positive influences of high quality child care on school skills continue well into the elementary school years (Andersson, 1989; 1992; Burchinal et al., 1995; Field, 1991; Broberg et al., 1997; Peisner-Feinberg et al., 1999; Vandell & Ramanan, 1992).

Children in good to excellent child care score higher than children in mediocre or poor child care in:

- Cooperation, compliance, and lack of behavior problems
- Relations with peers
- Cognitive and language development

Child care dimensions that facilitate optimal health and development outcomes for children

Across all of the comprehensive research linking structural dimensions of child care to child care quality and to children's optimal outcomes, three dimensions emerge as the most predictive: child care provider compensation, education and specialized training, and adult:child ratio (Helburn et al,1995; Kontos et al., 1995; NICHD Early Child Care Research Network, 1996; Phillips et al. in press; Ruopp et al., 1979a,b; Whitebook et al., 1990). Providers who receive higher levels of compensation, have more advanced education and specialized training in child development, and who are responsible for

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fewer children are most often found in settings with higher environmental quality ratings and are more effective with children, and the children in their care score higher on assessments of their development.

Child care dimensions that facilitate optimal health and development outcomes for children:

- Child care provider compensation
- Child care provider education and specialized training
- Adult:child ratio

Workforce issues: recruitment, compensation, and stability

The compelling evidence for the positive influences of high-quality child care, the scarcity of high-quality care, and the alarming turnover rates (Shonkoff & Phillips, 2000) have led researchers to examine what factors motivate highly educated and skilled providers to enter and remain in the child care field. Every study in which this question has been examined suggests that child care provider wages are linked to the provision of high-quality care, even when training and ratios are simultaneously considered (Kontos et al., 1995; Phillips et al., 1992; Phillips et al., in press; Scarr et al., 1994). Moreover, wages are the primarily determinant of provider turnover – a feature of care quality that is associated with poorer outcomes for children (Whitebook & Bellm, 1999; Whitebook et al., 1997).

Provider education and specialized training

In California, formal education in early childhood is provided primarily through the community college system, and secondarily through the state university system. The University of California, college extension services, and a small number of private colleges also provide early childhood education. A few community colleges offer certificate programs designed specifically for family child care providers. Child care resource and referral agencies have traditionally provided the bulk of non-formal training in California, offering workshops and training series. Professional organizations, conferences, and in-service programs provide professional development, often in the form of specialized workshops. Few professional development opportunities, formal or informal, are offered in languages other than English.

The conventional standard for professional preparation for practice in most educational and human services is a Bachelor of Arts (BA) degree. As we will discuss below, there is ample research evidence that a BA degree is needed for effective job performance. However, the maximum education requirement for most positions in child care is some courses in early childhood in a post-secondary institution. In California, a shrinking minority of child care providers have BA degrees. The majority of the workforce has had a few courses in early childhood beyond high school and/or some workshops (Whitebook and the Center for the Child Care Workforce, personal communication, 1999; Howes, 1997; Whitebook et al., 1997).

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In a large number of research studies, associations have been made between the amount of formal education and specialized training and positive outcomes. The results of this research suggest that specialized training and formal education predict more sensitive, warm, and learning-enhancing provider-child interactions, and children's positive development in most forms of child care (Arnett, 1989; Berk, 1985; Dunn, 1993; Fisher & Eheart, 1991; Howes, et al., 1992; Kontos, 1994; Kontos & Fiene, 1987; Kontos et al., 1995; Howes, 1983; Howes & Rubenstein, 1985; Lamb, 1998; NICHD Early Child Care Research Network, 1996; Phillipsen et al., 1997; Ruopp et al., 1979a,b).

However, these studies do not give us an idea of how much education and/or training is enough to produce a good provider. Two recent studies have examined this question. These studies find that in both center-based and home-based care, providers are effective only when they have been involved in comprehensive and integrative programs of education in child development or a related field. Simply taking courses in a post-secondary institution like a community college is no more effective than having no specialized training at all. Furthermore, as a whole, only providers (in both center and family-based care) with BA degrees provide care that is at the "good" to "excellent" level of quality – the level of child care quality that is linked to future school success for children.

Using two large representative data sets from the Cost Quality and Outcome Study (one-quarter of the classrooms were from California) (Helburn et al., 1995), and the Florida Quality Improvement Study (Howes et al., 1995), Howes (1997) classified the providers in 1,065 center-based classrooms into five categories of integrated specialized training and formal education: (1) high school education and no specialized training; (2) some specialized training in post-secondary institutions; (3) an Associated Arts degree in child development or a related field; (4) a Child Development Associate (CDA) credential; (5) a BA or higher degree in child development or a related field. There were too few providers of the following to use in the analysis: those with a BA degree in a related field, with more than a BA, and with no specialized training. Actual classroom observations of effective teaching were used to compare these groups of providers. Providers with BA degrees or higher were the only providers linked to good-quality classrooms. Teachers with Associate of Arts degrees and CDA certificates were more effective than teachers with some specialized training in post-secondary institutions or just high school-plus-workshops category, but they did not provide the same excellent level of care as did the providers with a BA.

In a related study, Burchinal et al. (1999) combined the data from the Family and Relative Care Study (one-third of the providers were from California) (Kontos et al., 1995) and the Adding Two Study (all participants were California licensed family child care providers) (Howes & Norris, 1997), and created similar categories of specialized training and education. In this sample, the researchers were able to compare providers with no specialized training to the other categories. Again, the BA-level providers were the most effective providers. There were no differences among the other categories. This suggests that merely providing training opportunities does not promote quality in child care.

Child care providers in center or family settings are undercompensated, whether compared to fields with comparable wages or to living wage standards (Center for the Child Care Workforce, 1998; Whitebook & Bellm, 1999). Therefore, there are very good reasons why providers with BA degrees tend not to stay in the field. Given this, it is tempting to form policy recommendations around

increasing specialized training only, which tends to be short-term and less expensive, rather than increasing education as a means for improving the quality of care. However, the research reviewed here suggests that this is a poor strategy for improving quality in child care. A better strategy for improving quality is to improve compensation and then to require more formal education in early childhood education and child development for providers.

Adult:child ratio and group size

Even if a dedicated provider could give individualized, warm, and sensitive care to a dozen children at the same time, she would have a hard time getting them out of the building if there was a fire. Professional organizations have established adult:child ratios and group sizes for both center and family-based care. The center-based adult:child ratios are very similar to those stipulated by California's regulations for the Child Development Division of the Department of Education's subsidized care. Several studies have compared children in classrooms meeting and not meeting these ratios, and found that children in classrooms that comply with the recommended ratio – particularly infants and toddlers – receive more sensitive and appropriate care giving and score higher on developmental assessments, particularly vocabulary (Burchinal et al., 1996; Howes et al., 1992; Howes, 1997; Howes & Whitebook, 1991).

Examining ratios in home-based programs is more complicated because providers often work alone, and because the children cared for often vary in age. The Family and Relative Care Study found that regulated, better educated, and more sensitive and responsive providers were more likely to care for three to six children than one or two (Kontos et al., 1995). The "Adding Two" California study found that provider sensitivity (but not overall quality) declined following the addition of two school-age children to regulated family child care homes which initially served either six or 12 children (Howes & Norris, 1997).

In another attempt to examine appropriate group sizes and adult:child ratio in family child care, Burchinal et al. (1999) recoded the data from the Family and Relative Care and the Adding Two studies to give each setting points weighted by the number and age of children served. These points were developed by the National Association for Family Child Care to correspond to the adult:child ratios and group sizes recommended by the National Association for the Education of Young Children for center care. Unfortunately, the assigned points were not related to observational assessments of quality (Burchinal et al., 1999). Therefore, we can make no conclusions about adult:child ratio and group size in home-based care.

III. Evaluation of Existing Systems/Programs

How Much Quality Care is there in California?

Two of the large nationally representative studies of child care have sampled child care in Southern California – the Family and Relative Care Study (Kontos et al., 1995) and the Cost Quality and Outcome Study (Helburn et al., 1995; Peisner-Feinberg et al., 1999). These were observational studies where unbiased observers visited the child care and assessed process as well as structural quality. Three categories of quality were used in these studies: (1) care that was good to excellent where children are safe and provider-child interactions are warm, positive, and stimulating; (2) care that was safe but mediocre, where provider-child interactions were routinized and not conducive to learning; and (3) care that was poor and unsafe and provider-child interactions were harsh and restrictive. Overall, only 14% of child care centers and 12% of regulated family child care homes were rated as good to excellent. Infant/toddler classrooms were less likely than preschool classrooms to be rated as good to excellent. Three percent of unregulated family child care homes and 1% of relative care were rated as good to excellent. Corresponding figures for unsafe care were: 13% of center care, 40% of infant/toddler classrooms, 13% of regulated family child care, 50% of unregulated family child care, and 69% of relative care. The Family and Relative Care study also directly examined the quality of provider-child relationships. The percent of secure and trusting (but not necessarily stimulating) relationships in each form of care was similar: 49% in regulated, 50% in unregulated, and 48% in relative care.

Estimated percent of California child care that is good to excellent:

- 14% of child care centers
- 12% regulated family child care homes
- 3% unregulated child care homes
- 1% relative care

If we measure quality of care by the stability of the providers, we obtain equally depressing numbers. Child care center provider turnover rates, at 30% annually, are among the highest of any profession tracked by the U.S. Department of Labor (Bureau of Labor Statistics, 1998). By comparison, 7% of public school teachers and 21% of home health aides leave their jobs each year. The Family and Relative Care Study reports that 30% of relative care, 25% of unregulated care, and 38% of regulated care was no longer available in a one year follow-up.

Annual provider turnover

- Center-based: 30%
- Regulated family child care: 38%
- Unregulated child care homes: 25%
- Relative care 30%

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Improvement of Quality through Regulation

California is above the median in terms of the stringency of center-based child care regulations (The Center for Career Development in Early Care and Education, 1999). Our ratio regulations are among the more stringent, and our education and training among the less stringent. Child care centers in states with more stringent regulations in general have higher-quality care, and children from these centers score higher on tests of school readiness, language comprehension, and social behavior (Helburn et al., 1995; Phillips et al., 1992). For example, Florida implemented more stringent regulations and evaluated the effect on children over a six-year period (Howes, Smith & Galinsky, 1995). When the Florida centers conformed to the more stringent regulations for adult:child ratio and advanced training, classroom quality increased and children's scores on developmental assessments increased. Therefore, for California, making training and education requirements more stringent might improve quality. Similarly, adequate enforcement and monitoring of compliance with regulations by regulatory agencies would improve quality.

Improvement of Quality through Training

Evaluations of training

Given the importance of specialized training and formal education in child development and related fields, and given the quantity and diversity of professional development opportunities, it is surprising that there have been so few studies evaluating efforts to improve quality through professional development. We could find only two such studies. Other studies may exist, but they have not been peer-reviewed and published. The two aforementioned studies look at fairly "typical" training programs, which consist of courses and workshops, rather than a coherent training program. Both studies reported modest observable improvements in care-giving behavior following training. Consistent with the research literature based on backgrounds of providers reviewed above, the effects were larger for community college-based courses for center-based providers (Cassidyet al., 1995) than for a less intensive non-college-based program (Kontos et al., 1997). In the non-college-based program, only 20% of the providers showed observable improvement and 8% got observably worse after training.

Barriers to training

The large representative national child care studies have examined barriers to training experienced by providers already working in the field. The results of these surveys are distressingly predictable given the reality and economics of child care. In both center-based and family child care, providers overwhelmingly report that they feel that they cannot take advantage of existing training opportunities because they are too costly, they are unable to take off work for daytime training, and because they must care for their own families during their off-work hours (Howes et al., 1995; Kontos et al., 1995; Whitebook et al.,1990, 1997). Although the majority (70 –90%) of center-based providers report that they would like more training (Howes et al., 1995; Whitebook et al., 1990, 1997), family child care providers and license-exempt providers do not report similar eagerness to engage in training. The difference in desire for additional training may be explained by the fact that different types of

caregivers – i.e., center-based, family-based – express diverse and divergent beliefs about the nature of their work, the standards by which their work should be judged, and the need for training to improve their work (Kontos, 1992; Kontos et al., 1995; Taylor et al., 1999).

The special case of family child care training

In California, there has been extensive work on understanding barriers to training for family child care providers. Although a few community colleges offer certificate programs for family child care providers, formal education programs designed for home-based providers are very limited. Moreover, there is no institutionalized infrastructure at the county or state level to support informal family child care training. Funding for local child care resource and referral agencies and other training programs has to be constantly replenished from a variety of contracts *and* grants from private foundations. The training is not offered regularly and, as noted above, typically consists of workshops and events rather than a systematic, coherent program. Even statewide training is offered sporadically and for only short periods of time until the funding ends. Two notable programs demonstrate practices that model a more systematic approach to funding training. First, The Child Care Initiative Project directs grants to local resource and referral agencies; these grants include a system of training and technical assistance to local programs that allow participating agencies to learn from the experiences of other projects. This systematic support system helps improve the quality of the training and builds local agency capacity to implement similar projects. More recently the State Department of Education has made a significant investment in building a regional infrastructure of training coordinators in the Program for Infant Toddler Caregivers. This model raises hope that a more systematic approach to funding training will become the standard, with these regional systems becoming integrated into and coordinated with other training at the local level, including those training programs funded by the Child Care Initiative Project.

Many local training programs in California report difficulty in finding qualified trainers who are available to work during the short-term assignments offered by the program. Family child care peer trainers are also in short supply. In addition, there is little or no training available for trainers, and there are no criteria for the selection of trainers in these programs. Thus, the quality of these programs' training is dependent on a fluctuating and unstable supply of personnel to conduct the training.

Little attention nationally and in California is given to targeting training to providers or designing appropriate training opportunities in a rational way related to varied needs of providers at different stages in their careers. There is virtually no coordination of training among agencies that provide training to ensure that a range of training and support services is available to providers simultaneously over an extended period. There is some evidence that new and prospective providers are more likely to attend training than veteran providers, but investing heavily in intensive training targeted to this group may not be effective or efficient, as many of the providers who participate will drop out before becoming licensed or caring for children. At the same time, some level of support and training at this stage can help providers overcome barriers to getting licensed, develop the skills and confidence needed to successfully navigate the challenging first year of business, and form allegiances to programs which can lead them into further training. Experienced providers report that they have

difficulty finding training that goes beyond the basics and presents new and challenging information. Linking providers to resource and referral agencies that provide support services such as referral programs, food programs, access to subsidies, health and safety training, and business training is a key role for training programs. Shortage of training in languages other than English represents a major weakness in both formal and informal training. Finding bilingual trainers is a challenge. And the English language or bilingual-only instructional policies at community colleges are a significant barrier to monolingual providers. Often, there are few people of color among community college instructors. There is little training available in certain important topics, such as working with special-needs children, diversity, working with parents, and building strong bonds of attachment with children, working with infants and toddlers, and specialized training for center program directors.

Improvement of Quality through Accreditation

Both child care centers and licensed family child care homes can engage in voluntary accreditation processes sponsored by professional associations. The available evidence suggests that the center-based accreditation program is linked to child care quality. Child care centers accredited by the National Association for the Education of Young Children have been found to provide higher-quality care than do non-accredited programs (Whitebook et al., 1990, 1997). Programs that succeed in becoming accredited provide higher quality care as compared to those that apply but do not complete the process and centers in the same neighborhoods that do not even apply (Whitebook et al., 1997). Although the National Association for Family Child Care has an accreditation system for family child care homes, there are no independent studies examining differential quality in accredited family child care homes, so we do not know if accreditation actually improves quality in family child care homes. The National Family Child Care Accreditation program reports that in addition to the cost of accreditation, a significant barrier is the lack of trained program observers to conduct the accreditation visits. California is similar to other states in having fewer than 15% of child care centers and family child care homes accredited. Some states have tied reimbursement rates to accreditation. There are no published research reports on the efficacy of this strategy.

There is some evidence that center-based programs are more likely to receive accreditation when they receive some type of support for undergoing the process (Whitebook et al., 1997). (There is, however, no evidence linking support with family child care accreditation (or, as discussed above, linking quality and accreditation in family child care). Local Prop 10 commissions might consider becoming a source of this support.

Child Care Funding

Most child care in California is funded by the parents who pay for their children to attend. The Children's Defense Fund reports that high-quality care is financially beyond the reach of most families (Schulman et al., 1999). Yet child care providers cannot lower their costs. A substantial proportion of a child care provider's budget is spent on compensation, and as we have discussed above, compensation levels are already unacceptably low. Not surprisingly then, child care programs that have access to public funds are higher in quality than non-subsidized community-based child care programs (Helburn et al., 1995; Phillips et al., 1994).

IV. Recommendations

The lack of a child care system in California means that most care is poor or mediocre, the workforce so poorly paid that it is very difficult to recruit and retain skilled staff, and high-quality care more costly to provide than what most parents can afford to pay. The following recommendations suggest ways in which Prop 10 commissions could contribute to the creation of a child care system that would more effectively serve the State's young children and their families.

- **Improve child care provider compensation.**

Some local government entities are developing or implementing local programs modeled after the CARES bill (AB212) sponsored by Assemblymember Aroner and passed during the recent 2000 legislative session. This bill requires the Child Development Division of the California Department of Education to develop guidelines for local child care planning councils to develop plans for distributing the funds allocated by the bill. These funds are to be distributed to counties according to the number of state-subsidized child care centers in each county, and are to be used in these subsidized centers to address the retention of qualified child care employees. It is not yet known what all the resulting county plans will include, but it is expected that they will include incentives such as stipends and salary increases for child care center employees who receive additional training or remain on the job for some period of time. Two county programs are currently under way.

The San Francisco City and County program, SF CARES, establishes a Child Development Corps for individual stipends and a Resources for Retention grant fund for child development programs. They added an Individual Involvement in Addressing Retention component offering mini-grants to Corps members to address stabilizing the child care workforce and to promote quality child care programs.

The Alameda County program adds a comprehensive Recruitment, Training and Coordination Program to the Child Development Corps. There are four basic components to their Early Care and Education Plan (called Every Child Counts): the Child Development Corps provides stipends for child care staff and providers who achieve progressively higher levels of professional development; the Recruitment, Training and Coordination Program coordinates the training system to meet needs of early childhood education staff and providers and promote cross discipline training; the Program Quality Improvement Grants provide funds for centers and family child care programs that have been evaluated (e.g. Early Childhood Environmental Rating Scale (ECERS)) to address identified program needs; and the Site Improvement Loans and Grants provide resources for leveraging funding and provide direct grants for building and improvement of child care sites. The cross-discipline elements of the plan are unique, placing oversight of family support programs such as home visits and child care programs in a local central agency for the first time.

In 1999, the state Children and Families Commission contracted with UC Berkeley's Policy Analysis in California Education (PACE) to evaluate child care compensation programs in California. Alameda and San Francisco, the only two counties currently implementing funded compensation initiatives, are participating in the evaluation. PACE will be comparing differences between Corps members and non-

members as to longevity in the field and the reasons for leaving the field. In addition, they will investigate the "organizational effects" of various compensation efforts in terms of improving the educational and training levels of the workforce. At the same time, local programs will be tracking and evaluating the effectiveness of various implementation strategies.

- **Improve training by strategic targeting only of training programs that have demonstrated effectiveness in improving provider work with children.**

Instead of merely calling for increased education and specialized training for new and existing providers, efforts must be made to strategically implement and *evaluate* professional development activities. Current formal and informal education and specialized training programs should be enhanced with monitored system-based strategies to bring about program improvements. It simply is insufficient to provide monies for additional training without evaluating whether the persons trained receive adequate compensation following training, whether incentives are provided for keeping trained staff in the field, and whether the training is sufficiently intense to produce effective work with children. Therefore, funding for training programs must be linked to increased compensation and other incentives to remain in the field and to evaluation of actual provider practice.

Some training strategies have proven ineffective and should not be funded – for example, training at too low a level of expertise in working with children, or targeting elaborate training programs which provide extensive services to prospective, potential, or very new providers without considering that only one in 10 new providers actually stays in the field.

Any additional funds put directly into the child care system must be strategically directed only to child care settings that meet high levels of quality.

A monitoring or report card system based on child care researchers' definitions and measurements of child care quality – structural and process aspects – needs to be instituted and enforced. Programs could be rated as meeting minimum and high standards of quality. Proposition 10 monies should not be given to any program that does not meet a minimum standard of quality before receiving funding, and should not be continued to any program that has not met a high standard of quality within a year after funding.

- **To improve the child care infrastructure, investments must be long-term and not piecemeal.**

The current emphasis among policymakers and others has to be changed from funding child care projects piecemeal and sporadically to making long-term investments over time in the context of a long range plan or strategy. These more long-term strategies include:

- Pressuring the legislature to raise reimbursement rates for programs that meet quality standards.
- Avoid using Proposition 10 monies to paying over and over again for start-up periods for new training programs.

- Instead, build lasting capacity to provide services at the local level, and provide for the coordination of training among the various training institutions and organizations.
- Develop coordinated and integrated professional development pathways that include a continuum of professional development activities.
- Build systems to train trainers and to define qualifications for trainers in formal and non-formal programs.

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VI. Appendix A: Program Descriptions

(Note: All projects are funded by the California Department of Education, Child Development Division)

California Child Care Initiative Project (CCIP)

Created in 1985, the California Child Care Resource and Referral Network began the Child Care Initiative Project to address the shortage of licensed quality child care in California communities. Originally funded by a public/private partnership with matching funds from the state. The initiative is the nation's oldest, largest, and best-known model for increasing high-quality family child care supply and training. Administered through grants to community-based resource and referral agencies, the CCIP program:

- assesses child care supply and demand and targets its efforts toward high-need geographic areas where there are shortages of care;
- recruits individuals who have the potential to become licensed family child care providers;
- trains those individuals to deliver quality care and effectively manage a small business;
- provides technical assistance to help participants become licensed and begin operation; and
- provides ongoing support to help family child care providers stay in operation.

In 1997, as part of its response to the expected increase in demand for high-quality child care from TANF families, the Child Development Division began direct funding for CCIP projects at resource and referral agencies in counties selected by the department based on identified high need. The California Child Care Resource and Referral Network continues to administer the program.

Training materials consist of the *Family Child Care Handbook* covering topics such as working with children, working with parents, health and safety, and nutrition; a manual for infant/toddler caregivers, *Look Who's Coming to Family Child Care*; and publications for Spanish speaking providers, *El Comienzo* and *Cuatro Pasos.*

WestEd Program for Infant/Toddler Caregivers

The Program for Infant/toddler Caregivers (PITC) is a nationally recognized comprehensive training system developed through a long-term partnership between the California Department of Education, Child Development Division and WestEd, Center for Child and Family Studies. The PITC was developed to improve the quality of child care services for infants and toddlers. WestEd has conducted training-of-trainer institutes in California through a contract with the California Department of Education Child Development Division since 1990. The training program consists of four modules for trainers covering social-emotional development, quality group care, cognitive

and language development, and cultural and family issues. Additional training on inclusion of infants and toddlers with disabilities is offered to endorsed trainers.

Beginning in 1998, WestEd was funded to develop a regional support network of PITC trainers. The regional network includes 1) a stipend program that pays certified PITC trainers to work with infant/toddler programs and providers in local communities, 2) 10 regional trainers/coordinators who provide training and technical assistance and coordinate the activities of the PITC stipend trainers, 3) six PITC model demonstration programs located on community college campuses, and 4) outreach efforts by PITC staff to local child care planning council workgroups and county Children and Family First Commissions.

PITC trainers partner with the Child Care Initiative Project and the UC Davis Family Child Care training to provide infant/toddler training. They also partner with the Child Development Training Consortium, the Mentor Program, early intervention programs, and other capacity-building programs in local communities.

Local Program Quality Consortia

There is a network of more than 55 consortia, comprised of members who work in state-subsidized child care programs, Head Start, and non-subsidized programs. Consortia funds combined with other resources enhance the availability and quality of professional development activities available to consortia member programs.

Child Development Training Consortium

The Child Development Training Consortium contracts with 96 community colleges throughout California to provide financial assistance to eligible students who are pursuing careers in child care/development. Each CDTC member community college works with a local advisory committee to develop plans for the use of CDTC funds, so the use of CDTC funding varies from college to college. CDTC funds are commonly used for the following purposes:

- To reimburse students for enrollment fees, tuition, and/or textbooks.
- To establish a lending library of textbooks and other resources for use by eligible students.
- To pay the costs (instructor salary and fringe benefits) of providing classes that the college will not fund out of its general budget.
- To pay for tutorial assistance and/or translation services.

Students meeting the following criteria are eligible to participate in the CDTC:

- Seeking a new permit or maintaining a current Child Development Permit, AND
- Is employed by a child care/development program that includes licensed family child care homes and licensed (or exempt) centers, AND

- Must work directly with children and/or families, AND
- Must work in the State of California.

The Training Consortium manages a Stipend for Permit program to help potential teachers in child care and development programs obtain a Child Development Permit by paying the cost of the application fees. Employees in a Child Development Division-funded program are eligible for an incentive grant program administered by the Training Consortium. Individuals who do not have access to one of the Consortium's community college campuses or do not attend a four-year college or university are eligible for this program.

The Training Consortium has been funded to develop a statewide network of Child Develop Permit Matrix professional growth advisors, providing training for new advisors, refresher training for existing advisors, and developing and establishing a registry of professional growth advisors.

California Mentor Program

The mentor program is conducted at approximately 70 community college campuses. The goal of the program is to support experienced teachers or directors and encourage them to remain in the field of early childhood education. This program provides financial compensation and other benefits to child care and development teachers and directors who are selected as mentors. Candidates for director mentor participate in a two-day training session and agree to attend subsequent director mentor seminar series. A local selection committee convened by the community college chooses mentor teachers and directors.

Health and Safety Training for Licensed and License-Exempt Providers

Resource and referral agencies receive funding through a contract to arrange for or provide reimbursement to licensed center-based staff, licensed family child care providers, and license-exempt family child care and in-home providers. Reimbursement is for costs associated with completing health and safety training, including pediatric CPR.

Center for Health Training, Family Child Care Training Project

The project was funded to:

- Conduct an annual family child care provider training needs assessment;
- Deliver six regional training events each year for family child care providers;
- Disburse and monitor funding to support the training efforts of local family child care associations; and
- Support the development of local associations in counties where none exist.

UC Davis Extension, Center for Human Services Training and Development

The center offers state-wide training consisting of a set of four workshops on topics of interest to family child care providers in English and Spanish. A workbook has been published for each training module. The four modules are:

- Making the Connection with Infants and Toddlers
- Building Blocks of Learning
- Giving Children a Healthy Start
- Managing Difficult Behavior

Providers earn one unit of UC Extension credit for each module completed, a Certificate of Completion, and a gift certificate for completing all four modules. The program recruited trainers throughout the state and paid for their transportation to training sites. The trainers were trained to use program curriculum and materials, and techniques for fostering networking and information sharing among participants.

Training TANF Recipients as Child Care Teachers

This successful two-year program trains TANF recipients to become child care and development teachers. In the first year of their participation, TANF recipients are selected and enrolled full-time in community college course work with tutorial assistance, and are provided mentor teachers to supervise their field placement and provide support and assistance throughout the program. The second year of training includes 32 hours of paid employment per week and continued education to complete 24 units in early childhood education and 16 units in general education. Each successful TANF recipient will qualify for a Child Development Teacher Permit at the end of the two-year training period.

Training TANF Recipients as Licensed or Licensed-Exempt Family Child Care Providers (including providers caring for children in the child's own home)

This program funds county welfare departments for projects to train TANF recipients to become child care providers. The training is designed to enhance the quality and safety of the care setting; increase the supply of exempt and licensed family child care settings, especially for infants, mildly ill children, and care during non-traditional hours; and to help welfare recipients meet their work participation requirements.

VII. Appendix B: Useful Program and Organizational Web Sites

California Mentor Program www.clpccd.cc.ca.us/mentor
California Department of Education www.ed.gov
California Resource and Referral Network www.rrnetwork.org
Center for Career Development in Early Care and Education www.ericps.crc.uiuc.edu/ccdece
Center for the Child Care Workforce www.ccw.org
Child Development Training Consortium www.childdevelopment.org
National Association for the Education of Young Children www.naeyc.org
National Association of Family Child Care www.nafcc.org
National Black Child Development Institute www.nbcdi.org
National Child Care Information Center www.nccic.org
National Center for Children in Poverty www.cpmcnet.columbia.edu/dept/nccp
National Latino Children's Institute www.ericps.crc.uiuc.edu
Pacific Oaks College, Advancing Careers in Child Development www.pacificoaks.edu
WestEd Program for Infant/Toddler Caregivers www.pitc.org

U.S. Department of Education
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